

# STATEMENT OF GOOD HEALTH AND INSURABILITY

## COMPLETED AS A CONDITION TO THE DELIVERY OR CHANGE OF

**POLICY NO** \_\_\_\_\_ **ON THE LIFE OF** \_\_\_\_\_

I the undersigned hereby declare that I am in good health and that, since the date of my last examination (or Declaration of Insurability in Lieu of Examination) for insurance in

- (1) I have continued in good health.
- (2) I have not made an application for insurance, which has been declined, postponed, or modified.
- (3) I have not consulted or been examined by a physician or practitioner.

If there are any exceptions to any of the above statements give full details in the space provided.

Exceptions

I hereby represent that all of the foregoing statements are true and correct and that I have fully stated all exceptions.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of person to be insured

The insured should sign on the above line in all cases.

**IF THIS FORM IS REQUIRED IN CONNECTION WITH AN INSURANCE POLICY APPLIED FOR BY A THIRD PARTY, THE LATTER SHOULD SIGN BELOW**

The undersigned certifies the above and foregoing as being correct and agrees to be bound thereby.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature of person applying for insurance  
(if other than proposed insured)